

MEETING MINUTES

Project Name: IPRS	Doc. Version No: 1.0	Status: Draft
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Meeting Name: IPRS Core Team Meeting
Facilitator: Eric Johnson, DMH
Scribe: Chris Lawhorn
Date: 01/16/2008
Time: 10:30 – 11:30 AM
Location: Wycliff – Conference Room 430

IPRS Core Team Attendees:

Gary Imes	Others:
Thelma Hayter	Cathy Bennett
x Eric Johnson	x Sandy Flores
Travis Nobles	x Paul Carr
Cheryl McQueen	x Theresa Diana
x Joyce Sims	Chris Ferrell
x Jamie Herubin	x Rick Kretschmer
x Mike Frost	Deborah LeBlanc
x Myran Harris	Tim Sullivan
	x Chris Lawhorn

Attendees:

x Alamance-Caswell	x Johnston
x Albemarle	x Mecklenburg
x Catawba	x Onslow-Carteret
x Centerpoint	x OPC
x Crossroads	x Pathways
x Cumberland	x Sandhills
x Durham	x SE Center
x Eastpointe	x SE Regional
x ECBH	x Smoky Mountain
x Five – County MHA	x The Beacon Center
x Foothills	x Wake
x Guilford	x Western Highlands

Attendees:

Item No. Topics

1. Roll call
2. Please mute phones or refrain from excess activity to help with communications. Please state your name and which "area program" you are from when you speak. **Please do not place IPRS Core Team call on hold because of potential distraction to call discussion.**
3. Upcoming Check-writes (cut-off dates) – Jan. 17, Jan. 31 (Feb. 4), Feb. 7, Feb. 14, Feb. 21
4. Agenda items
 - **YP500-Clarifications**
 - Beta Test (NPI) Requirements Review
 - 100 records/LME/submission; Format test; full cycle run, 835
 - **Update schedule termination: TBD**
 - IPRS Questions or Concerns
 - MMIS Updates- Theresa Diana
 - H-Code bypass for Medicare
 - Reminder...NCECS Web Tool updates:
 1. Taxonomy fields
 2. Address fields

These updates are located in the billing provider section and R/A provider section. Please note these are new required fields; refer to the January 2008 General Medicaid bulletin at: <http://www.ncdhhs.gov/dma/bulletin/0108bulletin.htm>
5. DMH and/or EDS concluding remarks
 - a. For **North Carolina Medicaid** claim questions / inquires please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator.
 - i. Physician phone analyst (i.e. Independent Mental Health Providers)-1
 - ii. Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) - 2
6. Roll Call Updates

Next Meeting: January 23, 2008

For assistance with IPRS claims, adjustments, R2Web, accessing application, etc.

Print date: 10/06/08

[IPRS Core Team Mtg Minutes 01-16-08.doc](#)

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Call the IPRS Help Desk – 1-800-688-6696, option 4 or 919-816-4355
M-F, 8 a.m.-4:30 p.m., excluding holidays.
IPRS Question and Answer email address – iprs.qanda@ncmail.net

ADMINISTRATION NOTES (10:30 a.m. AREA PROGRAMS CONFERENCE CALL)	
Item No.	Topics
1.	<p><u>Checkwrites</u></p> <p>(Eric Johnson)- We had a Checkwrite last week and we have one Checkwrite left for the month of January and the cutoff is tomorrow January 17. Any questions regarding last week's Checkwrite?</p>
2.	<p><u>Agenda Items</u></p> <p>(Eric Johnson)- There are not really any new agenda items but, there is one point of clarification that we want to make in regards to YP500. Last week I misspoke and I stated that YP500 claims that had received a denial, I said that they should be resubmitted and I was wrong. So, what I did was make a clarification in the meeting minutes which said those who have received denials for the YP500 procedure codes where the service was after 12-31-07, instead of resubmitting your claims because those claims are going to be handled by non-UCR funds, you should contact the budget office. When you call (the budget office) request a realignment of the funds and begin the FSR process with the budget office. I assume you all know about the FSR process, but if you do have questions about the process or contact, feel free to call or send us an email. Do not resubmit those claims. That is the update or clarification for the YP500 that was made last week. Are there any questions in regards to that item?</p> <p>Q:(Jeanna/Catawba)- What you are saying is that any claim that received that denial, you do not under any circumstances resubmit them, right?</p> <p>A :(Eric) - Any YP500 denials that have taken place after 12-31-07, do not resubmit those claims.</p> <p>Q :(Jeanna/Catawba) - So, if we have some that were from October or November, could we resubmit those?</p> <p>A :(Eric) - I believe the funds for those should be realigned back in to the correct area and I believe those claims will be resubmitted. We are still trying to make a final decision on how those claims submitted prior to 12-31-07. I believe those claims are going to be resubmitted but hold off and I will get you some more information on that.</p> <p><i>UPDATE: YP500 claims w/DOP up to October 2007 should have paid. There should be no need for the LME to resubmit these claims.</i></p> <p>Q: (Jeanna/Catawba)- So, if it is a date of service starting in 2008 for the YP500, you have to go through the budget office and the FSR process. If it is a denial prior to 12-31-07, then you are still trying to figure out how that is going to work?</p> <p>A: (Eric)- Yes.</p> <p><i>UPDATE: Regarding YP500: We are working to get specific budget criteria tested and implemented to allow any claim with YP500 service code and DOS prior to 1/1/08, to be paid out of the crisis funds. LMEs will not have to resubmit these claims.</i></p>

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	<p>Q: (Tommy/Sandhills)- How does this impact Single Stream folks?</p> <p>A: (Eric)- It shouldn't.</p> <p>Q: (Tommy/Sandhills)- Is there an impact here?</p> <p>A: (Eric)- It should not impact Single Stream folks.</p>
3.	<p><u>Beta Test (NPI)</u></p> <p>(Eric Johnson)- We do have one LME that is sending NPI numbers in on their claims. It is good that we are having some movement and response on that, but we are still encouraging everyone who has not Beta Tested to continue moving forward in order to make that a reality. The actual implementation for NPI only is still in May, we do not have any indication that it is going to change. So, if you have not Beta Tested then please push your vendors to try and make that happen. If you have questions about that process, then send the question to IPRS Q and A and we can forward out again what is going to be required in order for you to begin Beta Testing on the 837 transactions.</p> <p>Q: (Jeanna/Catawba)- We were one of those lucky folks who is doing the NPI testing, is there someone who can work with me one on one in trying to track down our problems and issues? Or is this something that goes through Q and A?</p> <p>A: (Eric)- Well, I thought I responded back to that email that you sent, but we are in the process of trying to take care of those questions that you had. We will be getting back to you pretty soon on how we are going to handle that.</p> <p>Q: (Jeanna/Catawba)- Also, if somebody is using both NPI and Legacy in their claims, is the payment going to be based on the NPI or the Legacy when people are submitting both here in this transition phase?</p> <p>A: (Paul Carr)- Submitting both, it will process off of the Legacy.</p> <p>Q: (Jeanna/Catawba)- So, you still would not know what your NPI issues might be right?</p> <p>A: (Paul)- Correct.</p> <p>Q: (Jeanna/Catawba)- Is that the same way Medicaid is doing it with their requirements?</p> <p>A: (Paul)- Yes.</p> <p>Q: (Jeanna/Catawba)- So I got providers who might be getting paid today but might not be getting paid on May 23?</p> <p>A: (Paul)- I don't know how to answer that question, so I won't.</p> <p>(Jeanna/Catawba)- The issue being that some of my providers did not get their NPI's down to the service level in a core number or they only have one NPI that represents about 4 or 5 Medicaid numbers with the exact same physical address and the exact same 9 digit zip code. If they're getting paid today, then they are not going to realize that they have a problem with getting paid for Medicaid with NPI. They are going to think I am the only stick in the mud giving them heartache.</p> <p>(Eric)- We hear your concern. Thanks.</p> <p>(Eric)- Any other questions regarding Beta Testing and NPI?</p> <p>Q: (Tom/Western Highlands)- On the January Medicaid bulletin, DMA announced beginning March 2008, they are going to start editing against the NPI, Taxonomy, and Provider Number. Will IPRS follow suit?</p> <p>A: (Eric)- For our processing, in order to address your question which is specific to IPRS processing, we are going to edit and require the Taxonomy if you submit the NPI only.</p> <p>(Paul)-In regards to sending in them both, we are not going to require both NPI and</p>

	<p>Legacy until May; we are only going to require NPI. We are not going to change to the way Medicaid is changing during this transition period.</p> <p>Q: (Tom/Western Highlands)- What about the Medicaid Pass Thru that LME's are supporting?</p> <p>A: (Paul)- We are in discussion with the Medicaid side and DMA around this issue. Certainly our goal is to keep it as is for the LME's.</p> <p>Q: (Jeanna/Catawba)- Could you explain what you mean by the Pass Thru and what is being discussed?</p> <p>A: (Paul)- We went to Medicaid and DMA and got the exemption for the IPRS only claims submitted by the LME's.</p> <p>Q:(Jeanna/Catawba)- The LME's can bill NPI only if they went into the IPRS Mailbox, is that what you mean?</p> <p>A: (Paul)- Yes. (Jeanna/Catawba)- Regardless if it was an IPRS or Medicaid claim?</p> <p>(Paul)- Yes.</p> <p>(Eric)- Jeanna, because of the sensitivity of some of the things having not been finalized, we are going to ask everybody to be patient with us right now until we are able to solidify a little bit more in regards to the Pass Thru process. So, forgive us for sort of marching down that road. There are a lot of things going on right now with NPI and we are making good progress but there are some things that we know a little bit about but we just can't talk about because cannot speak for Medicaid and what they are going to feel about our discussion or our proposal. When we are more prepared to talk about that, we will definitely make sure that you understand how to how to move forward.</p> <p>Q: (Jeanna/Catawba)- I've got providers that I've got to get their way in for these Pass Thru Services so, I can do this now with NPI only now which is what Catawba is attempting to do, is that correct? What does Catawba need to do keep our providers paid?</p> <p>A: (Eric)- We are also going to request that you send that question specifically to IPRS Q and A so we can try and get an official response for you based on DMA as well as DMH.</p> <p>Q: (Jeanna/Catawba)- Do you know how long it is going to take to get a response?</p> <p>A: (Joyce)- If you submit that question today, we will do our best to work with the NPI staff with both DMA and DMH to get you a response this week.</p> <p>Q: (Jeanna/Catawba)- Could you also send that out to the email distribution so all of us would know how to handle that situation?</p> <p>A: (Joyce)- We will.</p> <p>Q: (Tom/Western Highlands)- As we unfold these NPI requirements, in my perspective, I think it is more helpful that IPRS and Medicaid synchronize their billing requirements and editing requirements so that the LME does not have to make the distinctions. Like if I bill State funded, I have to bill it this way and if I bill Medicaid, I have to go this way. I am mostly concerned about when it crosses from IPRS to Medicaid and their billing differences.</p> <p>A: (Joyce)- I want to assure you that we make every effort to consolidate our billing practices for both and all agencies that come through the MMIS. As you know though, policy is very different and specific to each division, so we have to take that in to account. We make every effort possible to make it easy for any provider submitting through the MMIS. (Tom/Western Highlands)- I appreciate that and maybe you're becoming too accommodating to the LME's in making this exception for the NPI Billing. I would like more than anything than to turn to my providers and say, "Effective March 1, I need your NPI and Legacy number billings". Otherwise if we continue to make exceptions until May</p>
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	<p>1, we are approaching the end of this fiscal year and the number of challenges associated with that, add to it an NPI deadline that might give us some unnecessary problems.</p> <p>(Joyce)- You're speaking for your LME so, as a consensus for all LME's, you guys may want to talk to Council to come up with how you guys want to address that moving forward and then the Council, DMA, and DMH can all get together and discuss what is best for everyone.</p> <p>Q: (Tom/Western Highlands)- What is driving this decision to make this exception for IPRS Billing?</p> <p>A: (Joyce)- Well our decisions are based on the needs of both DMA, DMH, and the Providers as a whole to try our billing practices so that we are consistent all across the board. We do make exceptions from time to time for the LME's because you are a smaller base of providers that come into the MMIS and we are talking about State Funds in most cases which are much smaller than some of the Federal Funding that we receive.</p> <p>(Tom/Western Highlands)- I appreciate that but I think maybe in the approach to make an exception in that case may be counter productive.</p> <p>(Eric)- Thanks, Tom. We will take that into consideration and your comments have been noted.</p> <p>(Eric)- Are there anymore NPI related questions?</p> <p>Q: (Jeanna/Catawba)- In the Service Facility Location, if you have an NPI number there, does it have to be an NPI number that is attached to an IPRS Provider. My example is: If I have a doctor who did a service in an outpatient setting, would his Facility Location is the Physician Group Number, Multi-Specialty Group Number? If they got several that represent that location, I don't have his Physician Group Number enrolled, I just have him as a Provider, is that going to create a problem in identifying that the Service Facility Location is a valid number?</p> <p>A: (Paul)- Let's take NPI out of the equation; what legacy would you have submitted on that claim? (Jeanna/Catawba)- It would have been like an Agency CT Number originally without NPI, but that would have been like 15000095. Now that same Facility has a Physician Group Number and a Multi-Specialty Group Number and those things that now do not tie neatly back with NPI like it did prior to NPI.</p> <p>(Paul)- I guess the best way to answer it is that with NPI we are not changing billing practices other than what number is coming in. So, if you would have previously sent in the CT Number, then the NPI that is associated with CT Number would be on the 837 for the SFL. (Jeanna/Catawba)- But how would I know which one to use because that CT Number now has six different NPI's that could be associated with it? Does it really matter? (Paul)- No it does not. (Jeanna/Catawba)- If I chose the Physician Group Number as the Agency NPI in that field and I don't have that registered on IPRS, will it kick it out? (Paul)- That claim will deny because it will not be able to map to a Legacy Number. So, you would send in the NPI that goes with that CT Number.</p> <p>(Jeanna/Catawba)- Thank you.</p>
4.	<p><u>IPRS Related Questions</u></p> <p>(Eric Johnson)- Any questions regarding IPRS?</p> <p>Q: (Donna/Onslow-Carteret)- We have some issues with Local Crisis, we are getting 8511 denials, I am not quite sure why. I thought it would be 8505 denials for budgeting but there not, there 8511?</p> <p>A: (Eric)- Donna, without knowing the details of what your denials are, how about sending those specific questions including ICN through IPRS Q and A so that we can take a look</p>

5	<p>at that and find out what is going on and get back to you.</p> <p>Q: (Jeanna/Catawba)- I had sent a Q and A awhile back about Multi-Systemic Therapy and diagnosis codes. Also, about the Community Support where IPRS Standards were not set up like the Medicaid Standards. I know they had to go up the chain somewhere, do you know if that has gotten anywhere?</p> <p>A: (Eric)- No. We have not received a response on that. We will continue to monitor it and hopefully get back to and follow up with some folks that we have sent that on to and get back to you as soon as possible. (Jeanna/Catawba)- On the Community Support denial, I have a Provider that I can't pay and they have been waiting a long time for some kind of resolution either a yes, we are plugging that in or no, this is going to be something that does not match up.</p> <p><u>MMIS Update</u></p> <p>(Eric Johnson)- Theresa Diana is going to give an MMIS Update.</p>
6	<p>(Theresa Diana)- From last week we had the discussion about the fully divested LME's that we're not able to give out the NPI numbers for the Providers calling in not on the referrals. To follow up on that I did submit a bulletin article for either reference that will come out either February or March. I can give you better updates once I hear back an actual approval from DMA and I have not heard back yet when it will be published but that is a place where you can refer the Providers for them in writing as too, no I cannot give you an NPI and this is why. Other than that I do not have any updates. So, now we can go into questions.</p> <p>(Tom/Western Highlands)- Thank you for taking that action, that is going to help us out and I appreciate that.</p> <p>Q: (Beth/Pathways)- I want to ask about the question that was on the agenda about the H-Code Bypass. That is something that I have been dealing with Marsha for quite awhile and I was wondering if we have gotten an update on that?</p> <p>A: (Theresa)- We don't actually have an update at the moment unfortunately, but I should have some future information on H-Codes upcoming. I apologize for that.</p> <p>Q: (Beth/Pathways)- I also have another question regarding claims denials on the 01-08 RA. Was there a problem with Therapeutic Foster Care, because we had a ton of denials and we have not previously had that issue?</p> <p>A: (Theresa)- That might be something to send in to Q and A. (Beth/Pathways)- I did that right before the call, do you need some examples? I did not know if there was an issue specific to us. (Theresa)- We will take some examples if you could provide those to us, how about two ICN's if you could. (Beth/Pathways)- I did not send in those previously, but I will send those in this afternoon.</p> <p>Q: (Jeanna/Catawba)- This is a Medicaid question but it is Residential Billing on the IPRS side, did you guys get some more clarification on what is suppose to come in and how it is suppose to come in now that the CSR was put into place?</p> <p>A: (Eric)- Yes. I believe we put that in the meeting minutes about the H2020 and the H0019 that we discussed last week. (Jeanna/Catawba)- Yes. (Eric)- That should be the type of specialties for the attending provider should be 107096 and if you look through the meeting minutes you should see where we kind of put an update around that part of the discussion that links directly back to that. (Jeanna/Catawba)- For me I guess what I do not understand about that is that I now need to put some direct enrolled number there. As an NPI biller now, 3404912E which is a Medicaid number that I registered my NPI number with MCARE. What happened with on IPRS with NPI with that 3404912E</p>

	<p>number, was my NPI attached there and that is what I use? Do I need some kind of secondary NPI so the system can map the difference between the 492 with the 492E?</p> <p>(Paul)- Jeanna you have an NPI attached to like a half of a dozen providers in IPRS correct? (Jeanna/Catawba)- Yes. Before we used the "E" on the end of our regular Billing Provider to be able to handle billing those direct enrolled type numbers, but if my NPI that I submitted through IPRS Q and A now attached to that 3404912E number or is there a totally different number that I need to be using?</p> <p>A: (Paul)- Your NPI is attached to the "E".</p> <p>Q: (Jeanna/Catawba)- If I have four regular Medicaid Legacy Numbers attached to one NPI, then I am going to have a mapping problem, right?</p> <p>A: (Paul)- Not necessarily. That is the solution that we put in to deal with that type of situation. (Jeanna/Catawba)- So, now in those cases with those that have the "E" now for the Residential, I need to send a Residential Direct Enrolled Number or their NPI as the Attending Provider and my NPI as the Billing Provider, right?</p> <p>(Paul)- Correct.</p> <p>Q: (Tom/Western Highlands)- The other part of that question about the H0019 and H2020 was whether a alpha suffix would be assigned to those services then deciding to not to assign an alpha suffix and just bill with the Core Number?</p> <p>A: (Paul)- Unlike the others that did get an alpha, this particular 107096 type of specialty is simply attached to an Attending Provider that starts with "66". (Tom/Western Highlands)- Is that reported on the 0552? (Paul)-Yes.</p> <p>(Tom/Western Highlands)- So what is reported on the 0552 is their assigned number and there will not be an alp suffix, right? (Paul)- Correct.</p> <p>Q: (Jeanna/Catawba)- With Room and Board where we are billing the state only codes, go against the Legacy Numbers or would they go against the IPRS Internal Numbers or does it matter?</p> <p>A: (Eric)- Jeanna, do me a favor and send that question through IPRS Q and A.</p>